

ARIZONA DEPARTMENT OF HEALTH SERVICES

Nomination Form

EMPLOYEE RECOGNITION MISSION STATEMENT TO CELEBRATE AND SUPPORT EMPLOYEES THROUGH RECOGNITION
--

Check One ✓

Employee	
----------	--

Leader	
--------	--

Team	
------	--

Nominee:		Date Submitted:	
Submitted By: (Optional)		Office Phone:	

The purpose of this award is to recognize an employee for the outstanding ***Performance/Leadership/Team Progress*** and their contributions to the Arizona Department of Health Services and its customers. The attributes demonstrated by the candidate(s) include: ***“Customer focused”*** (internal/external), has a positive ***“Can Do”*** attitude, is an effective ***“Team Player”***, and has exceptional ***“Ingenuity & Initiative”***. The results demonstrate excellence in customer service.

In the spaces below, in your own words, why you are nominating this ***Employee/Leader/Team*** for this *Award*. Don't worry about how well you write, giving specific examples and stating the facts is all that is needed. If additional documentation is available, i.e. news articles, letters of commendation, etc., copies may be attached to this form.
